

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90012 042 ****70.00

DOCUMENT # N03000002534

1. Entity Name

ROYAL GORGE HUNTING CLUB INC.



Principal Place of Business

1394 NW CR 290
MAYO FL 32066

Mailing Address

1394 NW CR 290
MAYO FL 32066

44000400



MOORE

CR2E037 (4/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

45-0504090

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAND, STEVE
1179 NW CR 290
MAYO FL 32066

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME FOLSOM, EDGAR
STREET ADDRESS 1394 NW CR 290
CITY-ST-ZIP MAYO FL 32066

TITLE D ☐ Delete
NAME FOLSOM, GREEN JR.
STREET ADDRESS 1394 NW CR 290
CITY-ST-ZIP MAYO FL 32066

TITLE D ☐ Delete
NAME CALHOUN, MIKE
STREET ADDRESS 1394 NW CR 290
CITY-ST-ZIP MAYO FL 32066

TITLE D ☐ Delete
NAME FOLSOM, MANUEL
STREET ADDRESS 1394 NW CR 290
CITY-ST-ZIP MAYO FL 32066

TITLE D ☐ Delete
NAME LAMB, BILL
STREET ADDRESS 1394 NW CR 290
CITY-ST-ZIP MAYO FL 32066

TITLE D ☐ Delete
NAME STUBBS, CALVIN
STREET ADDRESS 1394 NW CR 290
CITY-ST-ZIP MAYO FL 32066

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edgar Folsom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-04

Date

386-294-1369

Daytime Phone #